

Application Instructions
EMPLOYER ASSISTED HOME PURCHASE PROGRAM

- (1) Please complete the attached application and sign.
- Attach a copy of a Picture ID for the Applicant and Co-Applicant.
- (2) Return the completed application and other documents to:
- Housing Department
Attention: Andrea Wiggins
10 East Bay Street
Savannah, GA 31401
- (3) If any of the following conditions apply:
- You are under contract to purchase a home
 - You have been approved by a lender
 - You have met with a lender and are in the process of getting approved

Please submit copies of the following documents along with your application to expedite processing. (* Indicates the documents that may be obtained from your Lender)

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|-------|--|
| _____ | *HUD Form 1003 (Lender Application) |
| _____ | *Credit Report |
| _____ | *Good Faith Estimate |
| _____ | *Truth in Lending Disclosure |
| _____ | Two recent check stubs of all buyers |
| _____ | Proof of other household income (i.e.: Child Support, SS, SSI, Retirement) |
| _____ | *Verification of Rents (if applicable) |
| _____ | *Sales Contract, including the Seller’s Property Disclosure Statement |
| _____ | Home Buyer Education Certificate |
| _____ | *Appraisal |
| _____ | *Commitment Letter from Lender |
| _____ | Name of selected Closing Attorney _____ |
| | with _____ |

(If you do not have an item from the above list, please make a notation of the missing item.)

- (4) If none of the above conditions apply, please provide us with a copy of your credit report (if you have obtained one).
- (5) Reminder of your 1st Mortgage Loan Terms and Conditions:
- Must be approved by the Department of Housing
 - Maximum Interest Rate cannot exceed the Regional internet Rate plus 1.5%.
 - Must be a FIXED interest rate loan for the loan term
 - Maximum term is 30 years
 - Minimum term is 15 years
 - Cannot have a Balloon Payment
 - Maximum fees are 2% to 2.5% of the Loan amount
 - Maximum Debt-To-Income Ratio cannot exceed 45%
 - Maximum PITI-To-Income Ratio cannot exceed 33%
 - If this program is used in conjunction with another program, from any source, the most restrictive of the terms and conditions must be met.
- (6) If you qualify for another program managed by the Department of Housing, you will be required to comply with the most restrictive of terms and conditions.

APPLICATION INFORMATION CONTINUED			
Name of a relative not residing with you:			
Address:			Phone:
City:	State:		ZIP Code:
Relationship:			
CREDIT CARDS			
Name	Account no.	Current balance	Monthly payment
MORTGAGE COMPANY			
Account no.:	Address:		
AUTO LOANS			
Auto loans	Account no.	Balance	Monthly payment
OTHER LOANS, DEBTS, OR OBLIGATIONS			
Description	Account no.	Amount	
OTHER ASSETS OR SOURCES OF INCOME			
Description		Amount per month or value	
Authorization & Certification			
<p>The undersigned applicant(s) authorize the City of Savannah, Department of Housing (DOH), to verify all information reported above and on the DOH and/or bank loan application. This includes permitting his/her/their bank to provide the DOH with copies of information obtained by the bank and reported to it by the applicant(s). The applicant(s) also authorize the DOH to obtain his/her/their credit report(s) as part of this application process. The applicant(s) agree to provide the DOH with information it requests in a timely manner. The undersigned also understands that completing this application process should not be construed as being approved of a loan. The undersigned applicant(s) certify that all information reported above and on the DOH and/or bank loan application is true and accurate. This application is an attachment to the Uniform Residential Loan Application provided by the lender.</p> <p>I hereby certify that I am:(ALL SIGNERS MUST INITIAL ONE OF THE FOLLOWING)</p> <p>_____a US Citizen or _____a legal alien _____a US Citizen or _____a legal alien</p>			
Signature of Applicant			Date
Signature of Co-Applicant			Date